



# 2009 Player Registration Form

<b>Mini Division</b>	<b>A, AA, AAA, and Majors</b>
<b>\$65.00 = All Players</b>	<b>\$125.00 = 1<sup>st</sup> Player</b> <b>\$105.00 = 2<sup>nd</sup> or More Siblings</b>

Registration ID: \_\_\_\_\_

## Player Information:

Name: \_\_\_\_\_ Birth Date (mm/dd/yyyy): \_\_\_\_\_  
Last First

Address: \_\_\_\_\_

City: \_\_\_\_\_, CA ZIP \_\_\_\_\_

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Sister in League?  Yes  No Name: \_\_\_\_\_ Age: \_\_\_\_\_

Shirt Size: YS YM YL AS AM AL AXL Sock Size: Y A

School: \_\_\_\_\_ School District: \_\_\_\_\_ Grade: \_\_\_\_\_

Buddy: \_\_\_\_\_ Buddies are for minis, Level 'A' and new girls (Only one buddy may be requested)

<input type="checkbox"/> Minis	<input type="checkbox"/> 'A'	<input type="checkbox"/> 'AA'	<input type="checkbox"/> 'AAA'
<input type="checkbox"/> 'Majors'			
<input type="checkbox"/> S	<input type="checkbox"/> E	<input type="checkbox"/> I	
<input type="checkbox"/> P	<input type="checkbox"/> C		
<input type="checkbox"/> Birth Certificate Verified			
<b>League Use Only</b>			

## Medical Information:

Doctor Name:	Doctor Phone:
Insurance Company:	Policy Number:
Dentist Name:	Dentist Phone:
Dental Insurance Company:	Policy Number:
Allergies:	
Medications:	
Comments:	

## Softball Experience:

Returning Player:  Yes  No Previously Pitched:  Yes  No Previously Caught:  Yes  No

Years Played Rec or LL: \_\_\_\_\_ School: \_\_\_\_\_ Travel: \_\_\_\_\_ Years Travel Pitching: \_\_\_\_\_ Catching: \_\_\_\_\_

## Contact Information:

Mother		
Name (Last, First):		
Address:		
City:	Zip:	
Phone:	Work:	Cell:
Email:	Work:	

Father		
Name (Last, First):		
Address:		
City:	Zip:	
Phone	Work:	Cell:
Email:	Work:	

Guardian		
Name (Last, First):		
Address:		
City:	Zip:	
Phone:	Work:	Cell:
Email:	Work:	

Emergency Contact		
Name (Last, First):		
Address:		
City:	Zip:	
Phone	Work:	Cell:
Email:	Work:	

Please Fill Out Both Sides



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## Field Improvement Donation:

CGFS will be improving the condition of our fields. Goals include new infield dirt, enclosed backstops, and improved irrigation. Please help us better our grounds!.

Donation Amount:     \$25.00         \$50.00         Other \_\_\_\_\_

## Parent Volunteer Positions

We are always in need of more parents to help out, please check what you would be willing to do. No experience is necessary. We will teach you what needs to be done.

- Team Manager (**female only**) or Team Coach
- Assistant Coach
- Chaperone
- Picture Day Coordinator
- Uniform Coordinator
- Fundraising Assistant
- Snack Shack Coordinator
- WebMaster
- Web Assist.
- Field Prep

The person who will do the above, will be the player's Mother Father Guardian \_\_\_\_\_

## CGFS Sponsorship

CGFS is our community softball league and we need local business sponsorships! (This will help defer costs for uniforms, trophies, etc). Your company name will be displayed on our CGFS newsletters and website. In addition, you will receive an appreciation plaque.

Are you or your company willing to consider becoming a CGFS sponsor?

- Please contact me with more info.
- No, not this year

## Release of Liability and Assumption of Risk Agreement

By signing below, you agree as follows:

- I (we), do hereby, give my (our) consent for our daughter to actively participate in all activities specifically protected under the CGFS League's Insurance policy.
- I (we) assume all risks and hazards incidental to the conduct of the Amateur Softball Association (ASA) approved activities.
- I (we) realize that with a copy of this form, our daughter will be provided with accident/medical and liability insurance whenever she is listed on any 2009 Official ASA Team Insurance Registration Form on file with the ASA.
- It is understood that in the case of emergency, every effort will be made to contact me (us) at the phone number(s) listed on this form. The undersigned parent or legal guardians of the girl, a minor, do hereby authorize an x-ray examination, anesthetic, medical or surgical diagnosis rendered under general or specific supervision of any member of the medical staff and emergency room staff licensed under the provisions of the Medical Practice Act, or a dentist licensed under the provisions of the Dental Practice Act and on the staff at any acute general hospital currently licensed by the State Department of Public Health. This authorization is given pursuant to the provisions of the California Civil Code. Consent remains in effect until 12/31/2009.

## League Participation and Refund Policy

By signing below, you agree as follows:

- I agree that I or an adult family member will participate in up to two shifts of two shifts per child each in the CGFS snack shack
- I acknowledge the CGFS refund policy regarding a player's registration fees as: a) if the league is not able to place my player on a team, 100% refund; b) if my player drops out of the league before February 22, 2009, 75% refund; c) if my player drops out of the league before opening day, 50% refund; and d) no refund if my player drops out of the league on or after opening day. Limited exceptions to this refund policy due to extenuating circumstances may be approved by the CGFS Board of Directors.
- I (we) understand that all team coaches, chaperones and managers are subject to a background check and, if I have volunteered for such a position I hereby authorize the league to perform such check for the safety of the girls.

Parent or Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent or Guardian Name: (please print): \_\_\_\_\_

**Please Fill Out Both Sides**